

Work Order ID 57506

Wednesday, April 07, 2010 3:08:07 PM

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Item ID: D350-600-542

Accept

Setup Start

Revision ID:

Stop

Item Name: Sliding Door Hinge Installation, RH

Start Date: 4/7/2010 Start Qty: 1.00

Cust Item ID:

Required Date: 4/14/2010 Req'd Qty: 1.00

Customer:

Reference: Return 2010 / RA110025

Run Start

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Stop

QC: 7 Date: 100407 SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
IIN D350-600	E

100 QC5- Inspect part completeness to step on W/O, 0.00



QC

Quality Control

Memo

Original B52921 @ CHG001
Kit was complete.

110



Packaging

Packaging

Identify as per dwg & Stock Location: 632 0.00

Memo

New labels & decals required with the new batch # @ CHG001 C 10/4/08

10/04/09

120



QC

Quality Control

QC21- Final Inspection - Work Order Release 0.00

Memo

DART Dart Aerospace Ltd. 1270 ABERDEEN ST. HAWKESBURY, ON, CANADA K6A 1K7				TC APPROVAL # 39-89 TEL: 1-613-632-5200	
P/N	D350-600-542	CHG	CHG001		
DESC.	Sliding Door Hinge RH	STC	SH93-88		
LOT	B52921	STC	SR00098NY		
MODEL	AS350/355	STC	SR00099NY		
MADE IN CANADA D2729-1					

10/04/12

mk
10-4-9

DART Aerospace Ltd

REFERENCE ONLY

#R 4110025

CUSTOMER RETURN

Initiator: Jean Kerr
Company: Heli-Fix Maintenance
Mike Dumont
Phone No. 1-450-712-3955

Date: March 16 2010
Invoice # INU 101153
Order Entry # SO 101214

Attach Copy of DHS Return Authorization # 796Reason for return: Kit does not fit their needs; customer returned with no authorization.

Receiving:

Date Received: _____ Freight Company: _____ Prepaid Collect

#	Part #	Batch #	Description	Distribute to QC	
				Advise QA	Date:
1	D350-600-542	52921	Sliding door hinge mod. kit/kit		

Condition of packaging: _____ Photograph required: yes no

Paperwork attached: P/S _____ Invoice _____ ARC _____ Docs _____ Other _____

QC:

Quarantine: _____ Location: _____ Condition of Part: CHC7001/completeInspect: _____ Initial: S

#	Part #	Batch #	QC Comments	QC Approval		Scrap
				Initial	W/O #	
	D350-600-542	52921	Kit is complete to CHC7001			

QA Coordinator:

Advise GM as to findings: _____ Initial: _____ Date: _____

Comments: _____

_____Issue credit: yes (no)

GM Approval: _____ Date: _____

Invoice Amount: _____
Less Replacement: _____
Restock Fee: _____
Freight: _____
Net Credit: _____
DHS ☐ Customer ☐

QA: Enter into Q-Pulse with reason for return & File original. Signed: _____ Date: _____

Copy of Customer Return to stay with work orders and another copy to be filed with customer credit